									ppiication	٠, كِ	CKB! NUIT	Je.		
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									115/208571158US					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER SMALL			
TC	TAL CLAIMS		21				RA	ΓE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			2 minus 20=		• 1		xs	X\$ 9=		OR	XS18=	18		
IND	EPENDENT CL	AIMS	6 mi	กบร 3 =	· 7		X4:	X43=		OR	X86=	258		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+145=			OR	+290=	320		
* If the difference in column 1 is less than zero, enter *0* in column 2								AL		OR	TOTAL	1046		
CLAIMS AS AMENDED - PART II							SMA	LL:	ENTITY	OR	OTHER SMALL	1		
_		(Column 1) CLAIMS		(Colur		(Column 3)	3,412			) 				
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER OUSLY	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* 26	Minus	•• 2	2)	= 5	xs	9=		OR	X\$18=	2500		
	Independent	• 6	Minus	***	6		X43	}=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							——— 5==	/	00	+290=			
	3 70 06							)TAL	/	OR		- 00		
								FEE	L/	OR	TOTAL ADDIT, FEE	5 1 U - L		
	•	(Column 1)		(Colur		(Column 3)								
AMENDMENT B		CLAIMS REMAINING		HIGH NUM		PRESENT	1		ADDI-			ADDI-		
		AFTER		PREVK	DUSLY	EXTRA	RA	E	TIONAL FEE		RATE	TIONAL FEE		
		AMENDMENT		PAID	FOR .	/	<b> </b> -	·	FEE			FCE		
	Total	•/2	Minus	-9	6	=	X\$	9=		OR	X\$18=			
	Independent	* (0 NTATION OF MU	Minus	PENDENT	<u> </u>	<u> </u>	X43	3=		OR	X86=			
Ш	PINST PRESE		Zenir de Der	CIVELIVI	- CO-1111		+14	5=·		OR	+290=	•		
Ti de la companya de										OR	TOTAL			
		ADDIT.	FEE			ADDIT. FEE								
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		CLAIMS REMAINING		NUM		PRESENT		_	ADDI-			ADDI-		
		AFTER		PREVIO		EXTRA	RAT	E	TIONAL FEE_		RATE	TIONAL		
	Tetal	AMENDMENT	Minus		. UA	=	1		FEE		Vern			
	Total Independent	•	Minus Minus	**	<del></del>		X\$ :	y= -		OR	X\$18=			
		NEATION OF AN	<u> </u>	<u> </u>	CLAIM	<u> </u>	X43	<b>3</b> =		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=											+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE														
***	I the "Highest Nu	mber Previously Pa mber Previously Pa toer Previously Pai	aid For" IN TH	S SPACE	is less tha	ın 3. enter "3."			propriate bo	ı.	ADDIT. FEE Numn 1.			
	• • • • • • • • • • • • • • • • • • • •	•	•	•	-	_								